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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Randy Swinson # 349-19-03405

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

City of New York

Warden "Sheraj

Warden Dunbar

A.D.W. Carter

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: Physical injury

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Randy</u>	<u>E</u>	<u>Swinson</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-19-03405

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

G.R.V.C.

Current Place of Detention

09-09 Hazen Street (Housing Unit 2A)

Institutional Address

<u>Bronx</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: Parole

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Warden	Dunbar	Warden
Warden of G.R.V.C. - "Black" (Female)		
Current Job Title (or other identifying information) 09-09 Hazen Street G.R.V.C.		
County, City	State	Zip Code
Bronx	NY	11370

Defendant 2:

First Name	Last Name	Shield #
Security	Warden	Sheraj
Security Warden of G.R.V.C.		
Current Job Title (or other identifying information) 09-09 Hazen St.		
County, City	State	Zip Code
Bronx	NY	11370

Defendant 3:

First Name	Last Name	Shield #
ADW	Carter	
ASSIST. Deputy Warden of Security (G.R.V.C.)		
Current Job Title (or other identifying information) 09-09 Hazen St. G.R.V.C.		
County, City	State	Zip Code
Bronx	NY	11370

Defendant 4:

First Name	Last Name	Shield #
Hazel	Jennings	
Chief of Dept. OF Correction		
Current Job Title (or other identifying information) 75-20 Astoria Blvd		
County, City	State	Zip Code
East Elmhurst	NY	11370

(1)

V. STATEMENT OF CLAIM

Place(s) of occurrence: Housing Unit 2A", GR.V.C. 09-09 Hazen St

Date(s) of occurrence: 11/4/2020 to Date Currently

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

This Plaintiff, Randy E. Swinson, #349.19.03
 405, Is being Forced Reside in a "Punitive Segregation"
 Housing Unit, "Illegally and Unlawfully" without being given
 a "disciplinary Infraction or attending or given A due Process
 Hearing Being Afforded, "No Minimum Standards"
 being afforded, No Social Service, Rusted and
 "Bug Infested" Shower; food belows minimum rations,
 "Mail" and "Grievances is being Diverted by Security
 and Tampered with, "No Hand Sanitizer or Soap" during
 Pandemic of Covid 19, My Family visits are being
 Denied, Flooding in the Housing Unit caused this
 Plaintiff to Slip and Fall over night in his
 Cell (Cell#2) Also, This Plaintiff has injured
 his ribs, hip, Lower back and Teeth; This
 Plaintiff has been "Shackled" leg Irons on
 hand Cuffs and "M. Hens" IN Order to move
 through Out the Building, And this
 Plaintiff has "No Enhanced Restraint
 Status because of Past Injuries and Disabilities
 There's "No Television" in the "2A" Housing
 Unit, No Privacy of Medical Clinic

(2)

V. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

1/14/2020 I've Been Victimized and P Subjected to Retaliatory treatment for Current Lawsuits, having Being transferred from M.D.C. to G.R.V.C. By M.N.C's "Warden Shannon" and received by "Warden Dunbar" Warden Shannon violated this Plaintiff's Constitutional rights by using a Phony Command Log Order called (CLO-104-19) in which reduces OR Eliminates This Plaintiff's "minimum Standards 1-08"; which the "Board of Correc" sets the level and Standard of care, in the "Dept of Correctional Facilities", it's written that at the Bare "Minimum" the certain Standard must be afforded to all detainee's such this Plaintiff, Social Service, Sickcall, Correspondence Mail, is a few of the Standards, in Exhibit "A" is a letter from Bennet, Stein Dir. of Policy & Communication for the Board of Correc., who explains or "expounds" on D.O.C using the Command Log Order to deprive detainee(Plaintiff)out of Services (Standard) pre-Covid 19 and After, Currently at G.R.V.C. Warden Dunbar had changed the (CLO 104-19) to (CLO-370/20) and totally eliminated All "Minimum Standard" and Placed this Plaintiff in "Punitive Segregation", without a incident, disciplinary infraction, or due Process of a "Hearing" →

Con'td

Social Services Explanation was that the (CLO-104/19) was the reason "we could not service you or AFFord ^{You} (Plaintiff) Social Service cause of the "C.L.O.-104/19" or The reason you was not provided "Adequate Sick-call", This Plaintiff has a Court-order which restricts me from dialing the phone or using the Phone, Now (CLO-104/19) Change to (CLO-370/20) I cannot use the phone and I cannot have visitors, The said that "Chief Hazel Jennings is responsible for the change, Chief of "Dept of Corrections" is NOT A Criminal Court judge Corrupt and continuous violation of this Plaintiff's Constitutional rights.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

"Slip and Fall" Hips, Ribs, Stomach, Head, eye, "Right Hand feeling losted", Lower Back Damage Both Knees, Right Foot Ligament, tendon Damage, Respiratory Possible Access to "tetanus infection"

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Plaintiff is Seeking Monetary Relief of 4 million dollars, Punitive Damage 8 million Dollars and injunctive Relief and (T.R.O.) From G.R.V.C.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

11/20/2020

Dated

Randy E

Plaintiff's Signature

Randy Swinson

First Name

Middle Initial

Last Name

09-09 Hazen Street

Prison Address

Bronx

NY

11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

11/20/2020

Mr. Randy Swinson
#34919-03405

G.R.V.C

D9-D9 Hazen St.

R.Elmhurst, NY
11370

NEW YORK NY 100

24 NOV 2020 PM 14 L
United States District

Court

Southern District of New York

500 Pearl Street

New York, NY 10007

Pro Se Intake Unit

Attn:
Legal Mail

10007-13309

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